


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E 	1. FILE NUMBER  506 - 653	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name HENRY Last Name GREEN P.O. Box - Building and Room Number (if any)  Number and Street 58 - 62 BERKELEY ST City BOSTON State ZIP Code + 4 MA 02116 - <input type="text"/>		
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 26	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	See Schedule Attached

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>Janice Comf</u> 6-7-02 Date	PRESIDENT (If other title, see instructions.) (617) 423-3335 Telephone Number	77. SIGNED: <u>Henry C. Green</u> 6-7-02 Date	TREASURER (If other title, see instructions.) (617) 423-3335 Telephone Number

*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 9 1 7

19. What is the date of your organization's next regular election of officers? MO 0 3 YEAR 2 0 0 2

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>33.96</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>100.</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>1.5</u> per <u>Job</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☒ No ☐  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☒ ☐

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 506 - 653

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
<b>ASSETS</b>	25. Cash.....			3 2 1 9 6 2	1 7 2 8 3 4
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities.....			0	0
	29. Investments.....	2		0	0
	30. Fixed Assets.....	5		1 2 6 5 1 3 1	1 2 1 6 7 8 6
	31. Other Assets.....	3		0	1 6 4 1
	32. TOTAL ASSETS.....			1 5 8 7 0 9 3	1 3 9 1 2 6 1
<b>LIABILITIES</b>	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			0	0
	34. Loans Payable.....	8		0	0
	35. Mortgages Payable.....			8 5 0 0 0 0	8 3 2 7 0 3
	36. Other Liabilities.....	4		0	0
	37. TOTAL LIABILITIES.....			8 5 0 0 0 0	8 3 2 7 0 3
38. NET ASSETS (Item 32 less Item 37).....			7 3 7 0 9 3	5 5 8 5 5 8	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 506 - 653

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		1 6 7 9 1 6 8	56. To Officers.....	9	9 6 6 2 3
40. Per Capita Tax.....		0	57. To Employees.....	10	4 3 6 0 8 3
41. Fees.....		7 8 6 7 0	58. Per Capita Tax.....		4 5 1 6 8 6
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	1 5 6 6 3 9
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		2 5 6 7 0 2
46. Interest.....		6 6 3 4	63. Benefits.....	11	1 5 7 4 3 7
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 6 8 5 7
48. Rents.....		3 2 5 0 0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		6 4 1 0 3
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		2 0 4 7 3 9
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	0
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	2 7 6 6 1 1	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	3 8 1 8 4 2
55. TOTAL RECEIPTS.....		2 0 7 3 5 8 3	74. TOTAL DISBURSEMENTS .....		2 2 2 2 7 1 1

Enter Amounts in Dollars Only -- Do Not Enter Cents

**SCHEDULE 1 – LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 506 - 653

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. Deposits on account	1 6 4 1
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 6 4 1
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 506 - 653

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 58 - 62 Berkeley St., Boston, MA	1 0 0 0 0		1 0 0 0 0	0
2. Totals from additional pages (if any)	1 0 0 0 0		1 0 0 0 0	
3. Buildings (give location): 58-62 Berkeley St., Boston, MA	5 0 0 0 0	2 2 5 0 0	2 7 5 0 0	0
4. Totals from additional pages (if any)	9 8 8 4 5 1	3 2 9 4 8	9 5 5 5 0 3	
5. Automobiles and Other Vehicles	4 6 5 6	1 3 9 8	3 2 5 8	0
6. Office Furniture and Equipment	6 2 3 4 5	5 9 0 2 2	3 3 2 3	0
7. Other Fixed Assets	1 8 8 5 3 3	7 1 3 3 1	1 1 7 2 0 2	0
8. Totals of Lines 1 through 7	1 4 0 3 9 8 5	1 8 7 1 9 9	1 2 1 6 7 8 6	0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 506 - 653

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. NONE	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 506 - 653

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. LOUX JANICE PRESIDENT	C	4 9 3 2 4	0	2 7 4 1	0	5 2 0 6 5
2. GREEN HENRY SECRETARY-TREAS	C	4 5 2 9 0	0	2 1 9 3 9	0	6 7 2 2 9
3. WALKER EARLEAN VICE - PRESIDEN	C	0	2 6 1 0	1 9 6 8	0	4 5 7 8
4. MONTERO SEBASTI RECORDING SECRE	C	0	3 2 4	5 7 0	0	8 9 4
5. MOTO ELANA TRUSTEE	C	0	1 5 8	0	0	1 5 8
6. PIRES IVO TRUSTEE	C	0	4 4	9 6 0	0	1 0 0 4
7. WORKS JERRY TRUSTEE	C	0	7 2	5 5 8	0	6 3 0
8. Totals from additional pages (if any)		0	2 2 9 4	4 6 8 3	0	6 9 7 7
9. Totals of Lines 1 through 8		9 4 6 1 4	5 5 0 2	3 3 4 1 9	0	1 3 3 5 3 5
				10. Less Deductions	3 6 9 1 2	
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements	9 6 6 2 3	

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 506 - 653

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. CADY ROBIN BENEFITS DIRECTO	3 4 1 6 4	0	0	0	3 4 1 6 4
2. GORDON CYNTHIA OFFICE MANAGER	3 7 7 8 0	0	0	0	3 7 7 8 0
3. PARKER MARK RESEARCHER	3 8 3 5 2	0	0	0	3 8 3 5 2
4. REYES ALFONSO MAINTENANCE	2 6 2 8 8	0	0	0	2 6 2 8 8
5. SMITH MACKENZ ORGANIZER	3 6 6 6 1	0	0	0	3 6 6 6 1
6. Totals from additional pages (if any)	4 2 7 6 4 9	0	0	0	4 2 7 6 4 9
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3 0 1 6	0	0	0	3 0 1 6
8. Totals of Lines 1 through 7	6 0 3 9 1 0	0	0	0	6 0 3 9 1 0
			9. Less Deductions		1 6 7 8 2 7
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		4 3 6 0 8 3

# **SCHEDULE 11 - BENEFITS**

FILE NUMBER: **5 0 6 - 6 5 3**

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	GREATER BOSTON H & W FUND	8 8 2 1 3
2. PENSION	GREATER BOSTON PENSION F	6 5 2 8
3. PENSION	HERE IU PENSION FUND	5 1 1 3 6
4. HOUSING	GREATER BOSTON HOUSING	4 1 3 7
5. Total from additional pages (if any)		7 4 2 3
6. Total of Lines 1 through 5		<b>1 5 7 4 3 7</b>
The total from Line 6 is entered in ..... Item 63		

# **SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. CONTRIBUTIONS LOCAL	1 0 6 5 0
2. CONTRIBUTIONS LABOR	6 2 0 7
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	<b>1 6 8 5 7</b>
The total from Line 8 is entered in ..... Item 64	

# **SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. TELEPHONE & PAGER EXPENSE	3 0 6 9 9
2. OFFICE SUPPLIES & EXPENSE	3 2 4 6 7
3. COMPUTER EXPENSE	7 7 7 9
4. POSTAGE	2 5 0 2 5
5. PRINTING	4 3 0 1
6. DELIVERY EXPENSE	1 8 6 0
7. Total from additional pages (if any)	5 4 5 0 8
8. Total of Lines 1 through 7	<b>1 5 6 6 3 9</b>
The total from Line 8 is entered in ..... Item 60	

**SCHEDULE 14 -  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. REFUNDS MISCELLANEOUS	1 3 2 2
2. REIMBURSED AFL-CIO	3 4 0 3
3. REIMBURSED COMPUTER TRAINING	5 0 0 8
4. RECEIVED FROM FOOD DRIVE	6 0 1
5. REIMBURSED ORGANIZING EXPENSE	2 4 3 6 5 4
6. REFUND INSURANCE	1 3 0 2
7. REIMBURSED OUT OF TOWN	1 0 7 1
8. I.U. BURIAL BENEFIT	2 5 0
9. RECEIVED FROM INT'L - GOTV	2 0 0 0 0
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 7 6 6 1 1

The total from Line 17 is entered in ..... Item 54

**SCHEDULE 15 -  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. MEETING, COMMITTEE, CONVENTION	4 4 5 8 6
2. LOST TIME	2 1 6 0
3. VAN EXPENSE	1 3 0 5 5
4. REAL ESTATE TAXES	1 9 6 2 8
5. BUILDING REPAIRS & MAINTENANCE	6 4 9 5 7
6. NEGOTIATIONS EXPENSE	5 3 2 1 1
7. BUILDING INSURANCE	1 1 2 0 3
8. ORGANIZING EXPENSE	4 8 6 4 1
9. BUILDING UTILITIES	2 0 4 2 0
10. SHOP STEWARD EXPENSE	2 9 3 2
11. REFUND DUES & FEES	1 4 3 7 7
12. DEPOSIT ON ACCOUNT	1 6 4 1
13. DEATH BENEFIT	2 5 0
14. MORTGAGE INTEREST	6 7 4 8 4
15. MORTGAGE PRINCIPAL	1 7 2 9 7
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 8 1 8 4 2

The total from Line 17 is entered in ..... Item 73

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 506 - 653

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
PICARD PHILIP EXECUTIVE-BOARD	C	0	0	0	0	0
TRACY JANICE EXECUTIVE-BOARD	C	0	4 2 2	9 4 2	0	1 3 6 4
YELLOCK PAT EXECUTIVE-BOARD	C	0	2 5 8	0	0	2 5 8
ALIFERIS RICHARD EXECUTIVE-BOARD	C	0	1 7 6	5 7 6	0	7 5 2
BRYANT LILLIE EXECUTIVE-BOARD	C	0	1 9 2	1 4 4	0	3 3 6
COLARUSSO JOSEPH EXECUTIVE-BOARD	C	0	2 6 4	0	0	2 6 4
DE PINA MIGUEL EXECUTIVE-BOARD	C	0	2 5 8	9 6 0	0	1 2 1 8
DICKINSON DINA EXECUTIVE-BOARD	C	0	3 2 8	6 7 2	0	1 0 0 0

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2001

FILE NUMBER: 506 - 653

## SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
DOYEN DERMOT EXECUTIVE-BOARD	C	0	1 8 0	0	0	1 8 0
NOEL GLEN EXECUTIVE-BOARD	C	0	2 1 6	1 3 8 9	0	1 6 0 5

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2001

FILE NUMBER: 5 0 6 - 6 5 3

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
FERNANDES	EUGENIO	3 9 4 4 4	0	0	0	3 9 4 4 4
BUSINESS AGENT						
CHILDS	EDWARD	1 6 8 5 6	0	0	0	1 6 8 5 6
ORGANIZER						
CONNOR	NORA	3 4 2 1 0	0	0	0	3 4 2 1 0
RESEARCHER						
AGUERO	EDMUNDO	3 9 4 4 4	0	0	0	3 9 4 4 4
BUSINESS AGENT						
ANDERSON	LOUISE	3 3 2 3 0	0	0	0	3 3 2 3 0
BUSINESS AGENT						

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 3

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(If applicable)</small>						
NELSON	JEFFREY	3 8 3 5 2	0	0	0	3 8 3 5 2
RESEARCHER						
GRUNFELD	DANIEL	3 0 2 2 8	0	0	0	3 0 2 2 8
ADMIN. ASSTANT						
KESSEL	ADAM	2 3 3 2 4	0	0	0	2 3 3 2 4
RESEARCHER						
DUFFAULT	SERGE	2 2 7 5 3	0	0	0	2 2 7 5 3
CLERICAL						
CAMACHO	GABRIEL	3 0 2 8 0	0	0	0	3 0 2 8 0
BUSINESS AGENT						



ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2001

FILE NUMBER: 5 0 6 - 6 5 3

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
DIMAMBRO GILDO BUSINESS AGENT		3 9 4 4 4	0	0	0	3 9 4 4 4
LANG BRIAN ORGANIZING DIR.		4 0 6 4 0	0	0	0	4 0 6 4 0
RODRIGUES JOAO BUSINESS AGENT		3 9 4 4 4	0	0	0	3 9 4 4 4

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

12/31/2001

FILE NUMBER: 5 0 6 - 6 5 3

**SCHEDULE 11 – BENEFITS (continued)**[illegible]

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

FILE NUMBER: 5 0 6 - 6 5 3

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
FLOWERS, CARDS, BIBLES	5 0 5
NEWSLETTER EXPENSE	3 7 1 4 5
ADVERTISING	4 0 0 5
BANK CHARGES	5 3 9
PAYROLL SERVICE	3 8 0 3
TRANSLATER EXPENSE	1 5 6 0
INSURANCE	6 9 5 1

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

12/31/2001

FILE NUMBER: 506 - 653

**SCHEDULE 5 – FIXED ASSETS: LAND (continued)**[illegible]

ENDING DATE OF PERIOD COVERED:  
12/31/2001

**SCHEDULE 5 – FIXED ASSETS: BUILDINGS (continued)**[illegible]

HOTEL RESTAURANT, INSTITUTIONAL EMPLOYEES,  
AND BARTENDERS UNION, AFL-CIO  
LOCAL NO. 26  
FORM LM-2  
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DECEMBER 31, 2001

Line Item:

# 11. TRUST OR FUNDS:

Greater Boston Hotel Employees Defined Contribution Pension Plan  
20 Park Plaza, Suite 900  
Boston, MA 02116  
To provide pension benefits.

Greater Boston Hotel Employees Health and Welfare Plan  
20 Park Plaza, Suite 900  
Boston, MA 02116  
To provide health and welfare benefits.

Greater Boston Hotel Employees 401(k) Plan  
20 Park Plaza, Suite 900  
Boston, MA 02116  
To provide 401(k) benefits.

Greater Boston Hotel Employees Legal Services Plan  
20 Park Plaza, Suite 900  
Boston, MA 02116  
To provide legal benefits.

Greater Boston Hotel Employees Housing Assistance Plan  
20 Park Plaza, Suite 900  
Boston, MA 02116  
To provide housing assistance to union members.

Greater Boston Hotel Employees Education Plan  
20 Park Plaza, Suite 900  
Boston, MA 02116  
To provide educational assistance to union members.

# 14. AUDIT OR REVIEW OF BOOKS AND RECORD

The books and records of the organization are audited by Ross,  
Mastrogiovanni & Company, P.C., a certified public accounting firm.

HOTEL RESTAURANT, INSTITUTIONAL EMPLOYEES,  
AND BARTENDERS UNION, AFL-CIO  
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#22. BY – LAW CHANGES

Pursuant to the vote of the Local's Executive Board and it's General Membership, the Local approved a By – Law change to Articles IV and IX as follows:

**Article IV  
Officers**

**Section 1** – The officers of this Union shall be as follows: President/Chief Executive Officer/Business Manager, Vice President, Financial Secretary-Treasurer, Recording Secretary, three (3) Trustees, and twelve (12) Executive Board members elected from the rank and file.

**Section 2** – The following officers shall constitute the Executive Board of the Local Union: President/Chief Executive Officer/Business Manager, Vice President, Financial Secretary-Treasurer, Recording Secretary, three (3) Trustees, and twelve (12) Executive Board members elected from the rank and file.

**Article IX  
Duties of Officers**

**Section 7** – Executive Board. The Executive board shall consist of the President/Chief Executive Officer/Business Manager, Vice President, Financial Secretary-Treasurer, Recording Secretary, three (3) Trustees, and twelve (12) Executive Board members elected from the rank and file.

# 23. PLEDGED ASSETS

The land and Buildings at 54 and 56 Berkeley Street and at 58-62 Berkeley Street are collateral for the mortgage payable.